

APR 27 2007

**FAX TRANSMISSION****DATE:** April 27, 2007**PTO IDENTIFIER:** Application Number 10/003,773-Conf. #4625  
Patent Number**Inventor:** Gregory R. LLOYD et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

**PHONE:** (617) 227-7400**Attorney Dkt. #:** TSQ-001RCE2**PAGES (Including Cover Sheet):** 18**CONTENTS:** Fee Transmittal (1 page) (1 duplicate)  
Amendment in Response to Non-Final Office Action (12 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Transmittal (1 page)  
Charge \$60.00 to deposit account 12-0080  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP  
One Post Office Square, Boston, Massachusetts 02109-2127  
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/5B/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/003,773

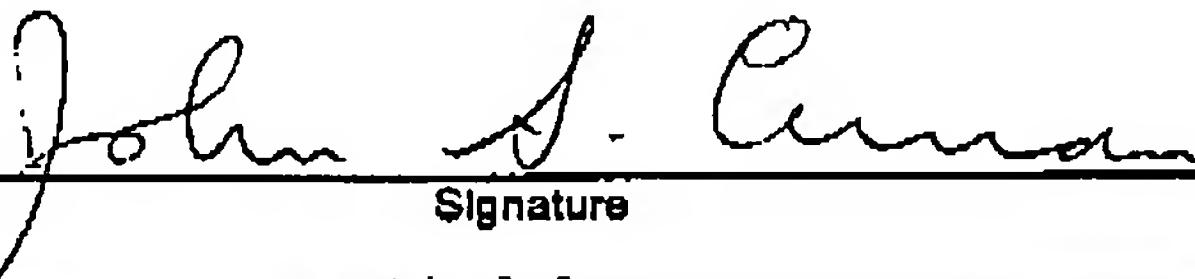
Attorney Docket No.: TSQ-001RCE2

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on April 27, 2007

Date

  
\_\_\_\_\_  
Signature

John S. Curran

\_\_\_\_\_  
Typed or printed name of person signing Certificate

50,445

(617) 227-7400

\_\_\_\_\_  
Registration Number, if applicable\_\_\_\_\_  
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Amendment in Response to Non-Final Office Action (12 pages)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page) (1 duplicate)

Charge \$60.00 to deposit account 12-0080

APR 27 2007

PTO/SB/21 (08-08)

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/003,773-Conf. #4825
Filing Date	November 15, 2001
First Named Inventor	Gregory R. LLOYD
Art Unit	2165
Examiner Name	N. Abel-Jall
Attorney Docket Number	TSQ-001RCE2

## ENCLOSURES (Check all that apply)

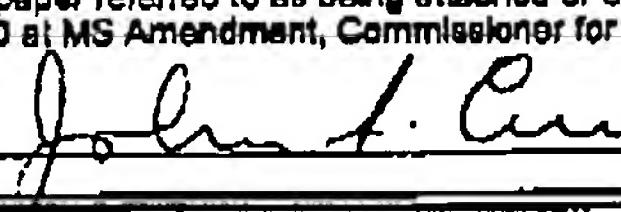
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavita/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	John S. Curran		
Date	April 27, 2007	Reg. No.	50,445

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-6300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 27, 2007

Signature:  (John S. Curran)

RECEIVED  
CENTRAL FAX CENTER

APR 27 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0092  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/05/2006.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4816).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete If Known</b>	
		Application Number	10/003,773-Conf. #4625
		Filing Date	November 15, 2001
		First Named Inventor	Gregory R. LLOYD
		Examiner Name	N. Abel-Jalil
		Art Unit	2165
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. <b>TSQ-001RCE2</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>60.00</b>			

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>12-0080</b> Deposit Account Name: <b>Lahive &amp; Cockfield, LLP</b>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>																																																														
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																														
<table border="1"> <thead> <tr> <th rowspan="2"><u>Application Type</u></th> <th colspan="2"><u>FILING FEES</u></th> <th colspan="2"><u>SEARCH FEES</u></th> <th colspan="3"><u>EXAMINATION FEES</u></th> </tr> <tr> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>								<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>			<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>																																																									
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>																																																							
Utility	300	150	500	250	200	100	_____																																																							
Design	200	100	100	50	130	65	_____																																																							
Plant	200	100	300	150	160	80	_____																																																							
Reissue	300	150	500	250	600	300	_____																																																							
Provisional	200	100	0	0	0	0	_____																																																							
<u>Small Entity</u>																																																														
<u>Fee (\$)</u> <u>Fee (\$)</u>																																																														
Each claim over 20 (including Reissues) <b>50</b> <b>25</b> Each independent claim over 3 (including Reissues) <b>200</b> <b>100</b> Multiple dependent claims <b>360</b> <b>180</b>																																																														
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
HP = Highest number of total claims paid for, if greater than 20. <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
HP = Highest number of independent claims paid for, if greater than 3. <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
<b>2. EXCESS CLAIM FEES</b>																																																														
<u>Fee Description</u>																																																														
Each claim over 20 (including Reissues) <b>50</b> <b>25</b> Each independent claim over 3 (including Reissues) <b>200</b> <b>100</b> Multiple dependent claims <b>360</b> <b>180</b>																																																														
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
HP = Highest number of total claims paid for, if greater than 20. <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
HP = Highest number of independent claims paid for, if greater than 3. <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
<b>3. APPLICATION SIZE FEE</b>																																																														
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																														
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>																																																														
<u>- 100 =</u> <u>/50</u> <u>(round up to a whole number) x</u> <u>=</u> <u>Fee Paid (\$)</u>																																																														
<b>4. OTHER FEE(S)</b>																																																														
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <b>2251 Extension for response within first month</b> <b>60.00</b>																																																														

<b>SUBMITTED BY</b>						
<u>Signature</u>	<u>John S. Curran</u>		<u>Registration No.</u> <u>Attorney/Agent</u>	<b>50,445</b>	<u>Telephone</u>	<b>(617) 227-7400</b>
<u>Name (Print/Type)</u>	<u>John S. Curran</u>		<u>Date</u>	<u>April 27, 2007</u>		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 27, 2007

Signature: John S. Curran (John S. Curran)